

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/595,348</td> </tr> <tr> <td>Filing Date</td> <td>April 11, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Andreas Groschel</td> </tr> <tr> <td>Title</td> <td>Method And Device For Operating A Secondary</td> </tr> <tr> <td>Art Unit</td> <td>2194</td> </tr> <tr> <td>Examiner Name</td> <td>Li B. Zhen</td> </tr> <tr> <td>Attorney Docket Number</td> <td>KUKAR-51</td> </tr> </table>	Application Number	10/595,348	Filing Date	April 11, 2006	First Named Inventor	Andreas Groschel	Title	Method And Device For Operating A Secondary	Art Unit	2194	Examiner Name	Li B. Zhen	Attorney Docket Number	KUKAR-51
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	

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Director of Research & Development, KUKA Roboter GmbH

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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